



PYROTECHNICS DISPLAY PERMIT APPLICATION

 <u>NEW HANOVER COUNTY FIRE SERVICES</u> 230 GOVERNMENT CENTER DR., SUITE 130 WILMINGTON, NORTH CAROLINA 28403 (910) 798-7420, Fax (910) 798-7052 e-mail: fireforms@nhcgov.com	 <u>CITY OF WILMINGTON FIRE AND LIFE SAFETY</u> 801 MARKET STREET WILMINGTON, NC 28401 (910) 343-0696 Fax (910) 341-0097 e-mail: fls@wilmingtonnc.gov
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Is your project located in the Wilmington City limits ____ or the unincorporated area of New Hanover County ____?

CONTRACTOR REQUESTING PERMIT	
NAME: _____	OFFICE PHONE _____
ADDRESS: _____	FAX _____
CONTACT PERSON: _____	CELL _____
PYROTECHNICS TECHNICIAN _____	E-MAIL _____
	DL # _____

EVENT INFORMATION	
IS THIS AN INDOOR DISPLAY _____ OR OUTDOOR DISPLAY _____	
DATE OF EVENT _____	TIME EVENT STARTS _____
ALTERNATE RAIN DATE AND TIME _____	
DESCRIPTION OF EVENT: _____	
LOCATION/ADDRESS OF DISPLAY _____	

PERMIT INFORMATION	
Required Attachments:	
1. Certificate of Liability Insurance.	
a. Note: New Hanover County or the City of Wilmington must be named as an ADDITIONAL INSURED with one million dollars per occurrence limit of liability and a two million dollar aggregate minimum. Insurance company must be licensed to do business in North Carolina with an A.M. Best rating of "A" or higher.	
2. Detailed map drawn to scale of event	
3. List showing size and number of pyrotechnics for display.	
4. Copy of qualifications and picture identification of pyrotechnics technician.	
5. List of safety equipment.	
6. Copy of ATF license for shooter.	
Special Notes:	
Permit to be issued In accordance with North Carolina General Statute, Chapter 14, Article 54.	
Permit for use only at above location by approved referenced pyrotechnics technician only.	
Permit may be revoked at any time if safety guidelines are not followed.	
Permit is contingent on New Hanover County or the City of Wilmington Fire Marshal office inspection at the display site on date(s) of permitted display.	

FEE FOR PERMIT WILL BE ASSESSED BY APPROPRIATE PERMITTING JURISDICTION	
Method of Payment CASH CHECK CREDIT CARD CHARGE ACCOUNT # _____	
Date of Application _____ Applicants Name _____	
Applicants Signature _____	
<i>By signing this permit application, you certify that all information provided is accurate and correct.</i>	

OFFICE USE ONLY

PERMIT NUMBER ASSIGNED: _____	DATE OF INSPECTION: _____
Permit Fee Assessed _____	Inspected by _____
Inspector Reviewing Application _____	Inspection AP _____ or DA _____
Application for Permit AP _____ or DA _____	Project Notes: _____
Comments _____	_____
_____	_____
_____	_____
_____	_____